

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 018 *****50.00

DOCUMENT # L02000003372

1. Entity Name

SUNSET CENTER, LLC



Principal Place of Business

**455 SOUTHWEST 8TH STREET
MIAMI FL 33130**

Mailing Address

**455 SOUTHWEST 8TH STREET
MIAMI FL 33130**

2. Principal Place of Business

3817 W Flagler 7th St

Suite, Apt. #, etc.

3. Mailing Address

3817 W Flagler 7th St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

034599831

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VARELA, KAREN L ESQ.
501 BRICKELL KEY DRIVE
SUITE 504
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
**MGRM
SUNNY ENTERPRISES, LLC
455 SOUTHWEST 8TH STREET
MIAMI FL 33130**

TITLE NAME ☒ Delete
**MGRM
SUNSET ENTERPRISES, LLC
455 SOUTHWEST 8TH STREET
MIAMI FL 33130**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
**MGRM
sunrise 65, LLC
c/o Eduardo Alvarez
1201 Bridgewood Place
Boca Raton FL 33434**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

04/27/03 (786) 497-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)